

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/29/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: BAY FOUNDATION OF MORRO BAY		Organizational Unit: Department:	
Organizational DUNS: 047-662-767		Division:	
Address: Street: 601 EMBARCADERO SUITE 11 City: MORRO BAY County: SAN LUIS OBISPO State: CA Zip Code: 93442		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Daniel Middle Name: Edward Last Name: Berman Suffix:	
Country: USA		Email: dberman@mbnep.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0215847		Phone Number (give area code) 805-772-3834	
		Fax Number (give area code) 805-772-4162	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-456 TITLE (Name of Program): NATIONAL ESTUARY PROGRAM		9. NAME OF FEDERAL AGENCY: USEPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Luis Obispo; City of Morro Bay; State of CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MORRO BAY NATIONAL ESTUARY PROGRAM: CCMP IMPLEMENTATION	
13. PROPOSED PROJECT Start Date: 10/1/2006 Ending Date: 9/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 b. Project 23	
15. ESTIMATED FUNDING: a. Federal \$ 492,600.00 b. Applicant \$ 966,040.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 1,458,640.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/29/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name SHAUNNA Middle Name Suffix Last Name SULLIVAN b. Title VICE-PRESIDENT, BAY FOUNDATION OF MORRO BAY c. Telephone Number (give area code) 805-528-3355 d. Signature of Authorized Representative e. Date Signed 4-29-06			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 8, 2006	Applicant Identifier OCS-1
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: The East Los Angeles Community Union		Organizational Unit: Department:																													
Organizational DUNS: 010720597		Division:																													
Address: Street: 5400 East Olympic Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jose																													
City: Los Angeles		Middle Name																													
County: Los Angeles		Last Name Villalobos																													
State: California	Zip Code 90022	Suffix:																													
Country: USA		Email: jvtelacu@aol.com																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2534256		Phone Number (give area code) 323-721-1655	Fax Number (give area code) 323-721-3560																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Community Development Corporation																													
Other (specify)		9. NAME OF FEDERAL AGENCY: DHHS/ACF/OCS																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Economic Development Discretionary Grant Program 93-570 TITLE (Name of Program): Operational Project		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion of Tamayo's Restaurant to Create 52 Jobs for Low Income People. HHS-2006-ACF-OCS-EE-0019																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 29, 30 b. Project 29																													
13. PROPOSED PROJECT Start Date: 9/30/06 Ending Date: 9/30/09		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 3, 2006																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:40%;">500,000</td> <td style="width:20%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>500,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,000,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	500,000	.00	b. Applicant	\$	500,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,000,000	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	500,000	.00																												
b. Applicant	\$	500,000	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	1,000,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
a. Authorized Representative Prefix Mr. First Name Jose		Middle Name																													
Last Name Villalobos		Suffix																													
b. Title Senior Vice President		c. Telephone Number (give area code) 323-721-1655																													
d. Signature of Authorized Representative 		e. Date Signed May 8, 2006																													

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5-16-06	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Rural Community Assistance Corporation			Organizational Unit: Department: Housing and Health Department	
Organizational DUNS: 093587368			Division:	
Address: Street: 3120 Freeboard Drive, Suite 201			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: West Sacramento			Prefix:	First Name: June
County: Yolo			Middle Name	
State: CA			Last Name Otow	
Zip Code 95691			Suffix:	
Country: USA			Email: jotow@rcac.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[2][5][1][2][2][8][4]			Phone Number (give area code) 360/565-8456	Fax Number (give area code) 360/565-8457
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[4][4][1]			9. NAME OF FEDERAL AGENCY: USDA Rural Housing Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): AK, AZ, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Counseling TSA	
13. PROPOSED PROJECT Start Date: 07-01-06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-01	
Ending Date: 06-30-08			b. Project various rural districts	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	100,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 16, 2006	
b. Applicant	\$	0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	0		
g. TOTAL	\$	100,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name June		Middle Name	
Last Name Otow			Suffix	
b. Title Corporate Development Director			c. Telephone Number (give area code) 360/565-8456	
d. Signature of Authorized Representative <i>Janet Otow</i>			e. Date Signed 05-16-2006	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s). <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>SONORA, CITY OF</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-6000434</u>		* c. Organizational DUNS: <u>96 811 7465</u>
d. Address:		
* Street1: <u>100 S. Green Street</u>		
Street2: _____		
* City: <u>Sonora</u>		
County: <u>Tuolumne</u>		
* State: <u>California</u>		
Province: _____		
* Country: <u>United States</u>		
* Zip / Postal Code: <u>95370</u>		
e. Organizational Unit:		
Department Name: <u>Sonora Police Department</u>		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: <u>Mark</u>
Middle Name: _____		
* Last Name: <u>Stinson</u>		
Suffix: _____		
Title: <u>Police Lieutenant</u>		
Organizational Affiliation: _____		
* Telephone Number: <u>(209) 532-8141</u>		Fax Number: <u>(209) 532-4845</u>
* Email: <u>M M mstinson@sonorapd.com</u>		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Justice Office of Community Oriented Policing

11. Catalog of Federal Domestic Assistance Number:

CFDA Title: Program Announcement 16.710

* 12. Funding Opportunity Number:

* Title: COPS-OTHER-TECH-2006-1

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The incorporated City of Sonora, CA.

* 15. Descriptive Title of Applicant's Project:

Sonora Police Electronic Enhancement Deployment (SPEED)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-019
* b. Program/Project:	
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date:	11-22-05
* b. End Date:	11-21-08
18. Estimated Funding (\$):	
* a. Federal	\$148,084
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 17 May 2006	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)	
<input type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix:	* First Name: Mace
Middle Name:	
* Last Name:	McIntosh
Suffix:	
* Title:	Chief of Police
* Telephone Number:	(209) 532-8141
Fax Number:	(209) 532-4845
* Email:	mmcintosh@sonorapd.com
* Signature of Authorized Representative:	* Date Signed: 5-17-06

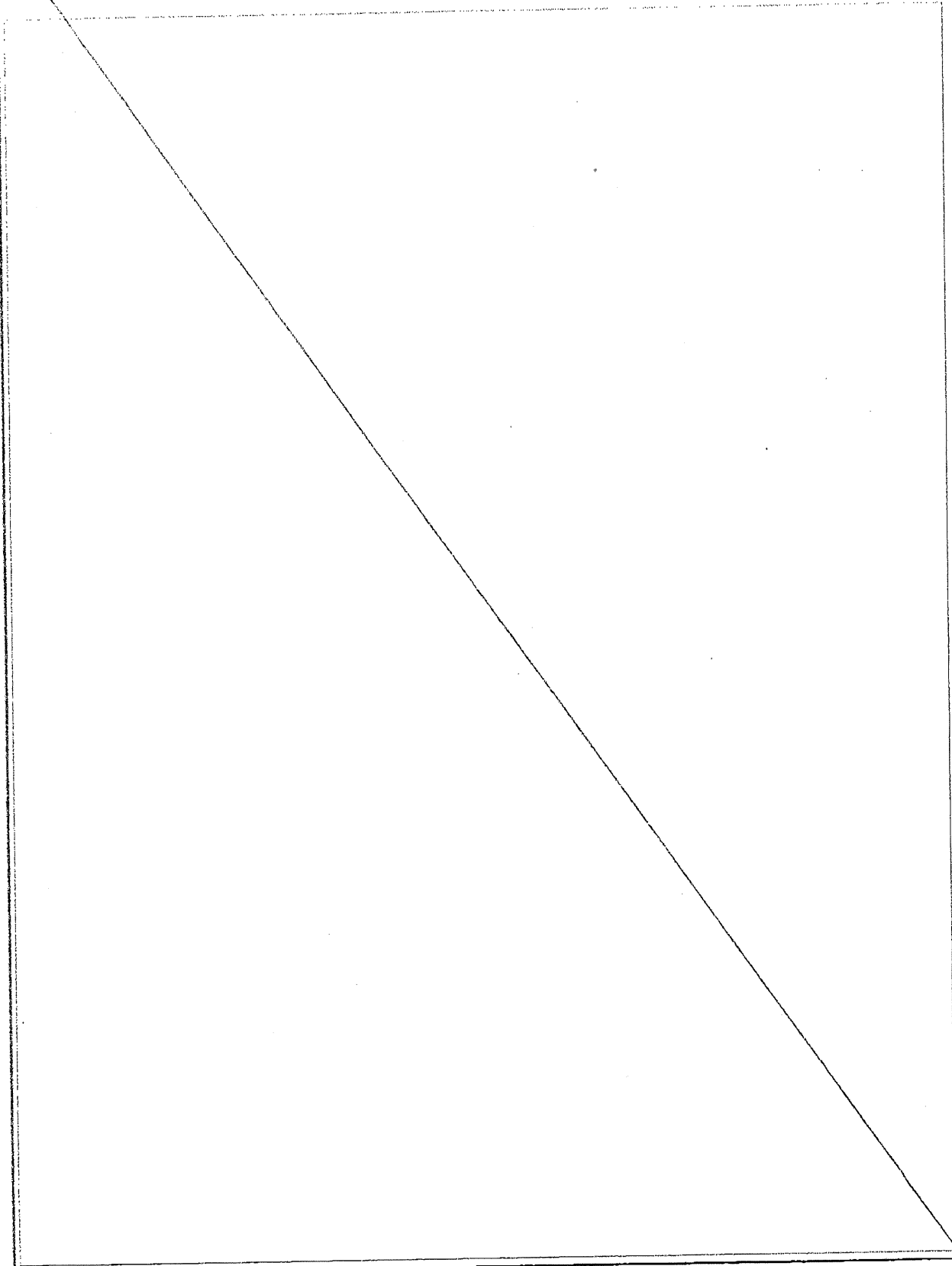
Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.



DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0747
Budget Number:	1 - Budget Pending Approval
Project Information:	Rehab, RS & EAMF pre-FFY 06

Part 1: Recipient Information

Project Number:	CA-03-0747
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	

City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	1625 Massachusetts Ave., NW
Address 2:	Suite 700
City:	Washington, DC 00000 0000
Contact Name:	Robert Clayman
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	rclayman@geclaw.com
Website:	

Recipient ID:	5802
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION
Address 1:	1900 L Street NW
Address 2:	Suite 707
City:	Washington, DC 20036 0000
Contact Name:	Richard Edelman
Telephone:	(202) 898-1707
Facsimile:	(202) 429-8928
E-mail:	redelman@odsalaw.com
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Ave NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

--	--

Recipient ID:	5802
Union Name:	SERVICE EMPLOYEES INTERNATIONAL UNION
Address 1:	1313 L Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-0937
E-mail:	
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	1125 15th Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Ray Cobb
Telephone:	(202) 833-7000
Facsimile:	(202) 728-6097
E-mail:	ray_cobb@ibew.org
Website:	

Recipient ID:	5802
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911

Facsimile:	(301) 330-7662
E-mail:	scardellettir@tcunion.org
Website:	

Recipient ID:	5802
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS
Address 1:	1370 Ontario Street
Address 2:	
City:	Cleveland, OH 44113 0000
Contact Name:	Don Hahs
Telephone:	(216) 241-2630
Facsimile:	(216) 241-6516
E-mail:	charvat@ble-t.org
Website:	

Recipient ID:	5802
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	520 S. Virgil Ave
Address 2:	Suite 208
City:	Los Angeles, CA 90020 0000
Contact Name:	Gordon Hubel
Telephone:	(213) 532-3730
Facsimile:	(213) 738-0857
E-mail:	ghubel@swcarpenters.org
Website:	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive #2

Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	John Stites
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstites@ppoa.com
Website:	

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$9,639,590
Project Number:	CA-03-0747	Adjustment Amt:	\$0
Project Description:	Rehab, RS & EAMF pre-FFY 06	Total Eligible Cost:	\$9,639,590
Recipient Type:	Transit Authority	Total FTA Amt:	\$7,711,672
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$1,927,918
New/Amendment:	None Specified	Other Federal	\$0

Amend Reason:	Initial Application	Amt:	
		Special Cond Amt:	\$0
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309-3	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	-	S.C. Eff. Date:	None Specified
Recvd. By State:		Est. Oblig Date:	None Specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	May. 12, 2006	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA
60420	RIVERSIDE--SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	22	William M Thomas
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 18 2006

STATE CLEARING HOUSE

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-2554256

*** c. Organizational DUNS:**

010720597

d. Address:

* Street1: 5400 E.Olympic Boulevard, Suite 300

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90022

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Tom

Middle Name: Florencio

* Last Name: Provencio

Suffix:

Title: Authorized Agent

Organizational Affiliation:

* Telephone Number: 323.721.1655

Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5030-N-22

*** Title:**

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-22

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Riverside, Riverside County, CA

*** 15. Descriptive Title of Applicant's Project:**

Supportive Housing for the Elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 34

* b. Program/Project 44

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/30/2006

* b. End Date: 09/30/2007

18. Estimated Funding (\$):

* a. Federal	9,359,730.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	1,617,500.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,977,230.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/11/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Tom

Middle Name: Florencio

* Last Name: Provencio

Suffix:

* Title: Authorized Agent

* Telephone Number: 323.721.1655 Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 18 2006

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2554256

* c. Organizational DUNS:

010720597

d. Address:

* Street1: 5400 E. Olympic Boulevard, Suite 300

Street2:

* City: Los Angeles

County:

Los Angeles

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90022

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Tom

Middle Name: Florencio

* Last Name: Provencio

Suffix:

Title: Authorized Agent

Organizational Affiliation:

* Telephone Number: 323.721.1655

Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5030-N-22

*** Title:**

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-22

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of San Bernardino, County of San Bernardino, CA

*** 15. Descriptive Title of Applicant's Project:**

Supportive Housing for the Elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="11,226,300.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="675,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="11,901,300.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:


Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation Revision		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District 9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 5 07 TITLE 49 U.S.C. § 5307		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-Y441 – Metro Orange Line Operating Assistance	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City and County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 10/28/05	Ending Date 06/30/08	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 10,600,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>03/08/06</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 2,650,000.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 13,250,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative Gladys Lowe		b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed 5-12-06	

Previous Editions Not Usable

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Pomona Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000764

* c. Organizational DUNS:

152791182

d. Address:

* Street1:

490 W. Mission Blvd.

Street2:

* City:

Pomona

County:

Los Angeles

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 91766

e. Organizational Unit:

Department Name:

Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Brad

Middle Name:

* Last Name: Vanderheyden

Suffix:

Title: Administrative Services Manager

Organizational Affiliation:

* Telephone Number: (909) 620-2339

Fax Number: (909) 620-2419

* Email: brad_vanderheyden@ci.pomona.ca.us

RECEIVED
MAY 18 2006
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Pomona, Los Angeles County, California

* 15. Descriptive Title of Applicant's Project:

City of Pomona Public Safety Radio Communications System Upgrade Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-038

* b. Program/Project CA-038

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/10/2006

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	98,723.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	98,723.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/18/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: James

Middle Name: M

* Last Name: Lewis

Suffix:

* Title: Chief of Police

* Telephone Number: (909) 620-2141

Fax Number: (909) 620-2259

* Email: james_lewis@ci.pomona.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

* Applicant Legal Name:

ORI #:

City of Pomona Police Department

CA01955

C. EQUIPMENT/TECHNOLOGY

No Equipment/Technology Requested

Pursuant to the Science, State, Justice, Commerce, and related agencies Appropriations Act, 2006, P.L.109-108, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

[illegible]

**Transfer to Budget
Summary Line 3**

Please include a detailed description for all items listed in the Budget Narrative

OMB Number: 1103-0097

Expiration Date: 2/29/2008

* Applicant Legal Name:

City of Pomona Police Department

ORI #:

CA01955

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category	Category Total (\$)	Line #
A. Sworn Officer Positions		1
B. Civilian/Other Personnel		2
C. Equipment/Technology	98,722.90	3
D. Other Costs		4
E. Supplies		5
F. Travel/Training		6
G. Contracts/Consultants		7
H. Indirect Costs		8
Total Project Amount:	98,722.90	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)	74,042.17	
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)	24,680.73	

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Phone: * Fax:

* E-mail Address:

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 2 hours per response, depending upon the COPS program being applied for, including the time for reviewing instructions, searching existing data sources, gathering the budget data needed, and completing the worksheets. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 2/29/2008.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

CA01916

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Covina Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000699

* c. Organizational DUNS:

627617152

RECEIVED

MAY 18 2006

STATE CLEARING HOUSE

d. Address:

* Street1:

444 N. Citrus Ave.

Street2:

* City:

Covina

County:

Los Angeles

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 91723

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Mark

Middle Name:

* Last Name:

Corder

Suffix:

Title: Police Lieutenant

Organizational Affiliation:

* Telephone Number: (626) 858-4404

Fax Number: (626) 858-4401

* Email: mcorder@ci.covina.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

*** Title:**

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Covina

*** 15. Descriptive Title of Applicant's Project:**

Purchase of portable radios with interoperable communications capabilities

Attach supporting documents as specified in agency instructions.

Attachment 1 Attachment 2 Attachment 3

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-032

* b. Program/Project CA-032

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2006

* b. End Date: 06/30/2007

18. Estimated Funding (\$):

* a. Federal	98,723.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	98,723.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/18/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Paul

Middle Name:

* Last Name: Phillips

Suffix:

* Title: City Manager

* Telephone Number: (626) 858-7212

Fax Number: (626) 858-7208

* Email: pphillips@ci.covina.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Version 7/03

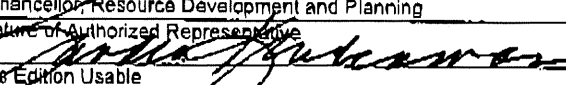
**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 18, 2006	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: March Joint Powers Authority			Organizational Unit: Department: March Joint Powers Authority		
Organizational DUNS: 799839428			Division:		
Address: Street: P.O. Box 7480			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Moreno Valley			Prefix: Ms.	First Name: Lori	
County: Riverside			Middle Name M.		
State: CA			Last Name Stone		
Zip Code 92552			Suffix:		
Country: USA			Email: stone@marchjpa.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0579359			Phone Number (give area code) (909) 656-7000		Fax Number (give area code) (909) 653-5558
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307			9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Moreno Valley, Perris, Riverside and County of Riverside, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asbestos removal/disposal followed by building demolition to enable economic development of former military base.		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: Congressman Ken Calvert, 44 a. Applicant March Joint Powers Authority b. Project Arnold Heights		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,425,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 18, 2006		
b. Applicant	\$	158,334.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	1,583,334.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Philip		Middle Name A.		
Last Name Rizzo		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (909) 656-7000			
d. Signature of Authorized Representative <i>Philip A. Rizzo</i>		e. Date Signed May 18, 2006			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 20, 2006	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Los Rios Community College District		Organizational Unit: Department: Business and Economic Development Center		
Organizational DUNS: 071553739		Division:		
Address: Street: 1919 Spanos Court		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Dr.	First Name: Trish	
County: Sacramento		Middle Name		
State: California		Last Name Caldwell		
Zip Code 95825-3981		Suffix:		
Country: USA		Email: caldwet@losrios.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1576340		Phone Number (give area code) 916.563.3251		Fax Number (give area code) 916.563.3270
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) 1. State Controlled Institution of Higher Learning Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-771		9. NAME OF FEDERAL AGENCY: Rural Business-Cooperative Service (RBS)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A Cooperative Job Creation and Development Project for California Rural Counties		
13. PROPOSED PROJECT Start Date: November 1, 2006 Ending Date: October 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 224,986.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 19, 2006		
b. Applicant	\$ 51,039.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ Same as b.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 61,250.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 23,000.00			
g. TOTAL	\$ 360,275.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Dr.	First Name Sandy	Middle Name		
Last Name Kirschenmann	Suffix			
b. Title Vice-Chancellor, Resource Development and Planning		c. Telephone Number (give area code) 916.568.3075		
d. Signature of Authorized Representative 		e. Date Signed 5-18-06		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 18 2006

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Pomona Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000764

* c. Organizational DUNS:

152791182

d. Address:

* Street1: 490 W. Mission Blvd.

Street2:

* City: Pomona

County: Los Angeles

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 91766

e. Organizational Unit:

Department Name:

Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Brad

Middle Name:

* Last Name: Vanderheyden

Suffix:

Title: Administrative Services Manager

Organizational Affiliation:

* Telephone Number: (909) 620-2339

Fax Number: (909) 620-2419

* Email: brad_vanderheyden@ci.pomona.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Pomona, Los Angeles County, California

* 15. Descriptive Title of Applicant's Project:

City of Pomona Public Safety Radio Communications System Upgrade Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-038

* b. Program/Project CA-038

Attach an additional list of Program/Project Congressional Districts if needed.

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

17. Proposed Project:

* a. Start Date: 01/10/2006

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	98,723.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	98,723.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/18/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No[Explanation](#)

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: James

Middle Name: M

* Last Name: Lewis

Suffix:

* Title: Chief of Police

* Telephone Number: (909) 620-2141

Fax Number: (909) 620-2259

* Email: james_lewis@ci.pomona.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 18, 2005		Applicant Identifier DLNS - 009581646	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier A009059-04-0	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name: San Diego County Air Pollution Control District		Organizational Unit: San Diego County Air Pollution Control District			
Address (give city, county, state, and zip code): 9150 Chesapeake Drive San Diego, Ca. 92123-1096		Name and telephone number of the person to be contacted on matters involving this application (give area code) Administrative Contact: Patricia Sally - Tel. No. (858) 650-4506 Principal Investigator: Mahmood Hossain - Tel. No. (858) 650-4650			
6. EMPLOYER IDENTIFICATION (EIN): 33-0488415		7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):			
8. TYPE OF APPLICATION: 9. <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 66-034 TITLE:			
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of San Diego		12. NAME OF FEDERAL AGENCY: US Environmental Protection Agency			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 10-01-2005	End Date 10-01-2007	a. Applicant: 41, 42, & 43		b. Project 41, 42, & 43 (Countywide)	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 457,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE			
b. Applicant	\$ 471,620	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 928,620				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative RICHARD J. SMITH		b. Title: Director		c. Telephone Number (858) 650-4503	
d. Signature of Authorized Representative Richard J. Smith				c. Date Signed August 17, 2005	

AUTHORIZED FOR LOCAL REPRODUCTION

1

California
Clearinghouse
916.323-3018

RECEIVED August 17, 2005
JAN 12 2006
GMO, PMU-1

Standard Form 424-A (REV 4-88)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913 8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Steve Fagundes 916-341-5487	
12. Area Affected by Project: (cities, counties, states, etc.) California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 07/01/06 End Date 06/30/11		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$10,544,000 b. Applicant \$0 c. State \$7,029,333 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$17,573,333		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Celeste Cantu		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 19, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
e. Date Signed:		19. Telephone Number (916) 341-5615	

RECEIVED

MAY 19 2006

STATE CLEARING HOUSE

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <u>THE REUSE PEOPLE OF AMERICA, INC</u>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: <u>132966685</u>		Organizational Unit: Department:		RECEIVED MAY 22 2006	
Address: Street: <u>9235 SAN LEANDRO STREET</u>		Division:		STATE CLEARING HOUSE	
City: <u>OAKLAND</u>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
County: <u>ALAMEDA</u>		Prefix: <u>510</u> First Name: <u>TED</u>			
State: <u>CA</u> Zip Code: <u>94603</u>		Middle Name: <u>CURTIS</u>			
Country: <u>USA</u>		Last Name: <u>REIFF</u>			
8. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>33-0852721</u>		Suffix:			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: <u>TEDREIFF@THEREUSEPEOPLE.ORG</u>		Phone Number (give area code): <u>510/383-1983</u> Fax Number (give area code): <u>510/383-1963</u>	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" Other (specify) <u>NON PROFIT</u>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>RESOURCE</u>		8. NAME OF FEDERAL AGENCY: <u>U.S. IEPA</u>			
TITLE (Name of Program): <u>RESOURCE CONSERVATION FUNDS - 2006</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>LOS ANGELES BUILDING MATERIALS REUSE FACILITY</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>LOS ANGELES, LOS ANGELES, CA</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>CA 9TH</u> b. Project <u>CA 35TH</u>			
13. PROPOSED PROJECT Start Date: <u>10/1/06</u> Ending Date: <u>7/1/09</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>5/22/06</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: a. Federal \$ <u>50,000</u> b. Applicant \$ <u>50,000</u> c. State \$ <u>3</u> <u>50,000</u> d. Local \$ <u>50,000</u> e. Other \$ <u>50,000</u> f. Program Income \$ <u>50,000</u> g. TOTAL \$ <u>200,000</u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: <u>REIFF</u> First Name: <u>TED</u> Middle Name: <u>CURTIS</u> Last Name: <u>REIFF</u> Suffix: <u></u> b. Title: <u>PRESIDENT</u> c. Telephone Number (give area code): <u>510/383-1983</u> d. Signature of Authorized Representative: <u>[Signature]</u> e. Date Signed: <u>5/22/06</u>					

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Eden Housing, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

23-1716750

* c. Organizational DUNS:

058211947

d. Address:

* Street1: 409 Jackson Street

Street2:

* City: Hayward

County: Alameda

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94544

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

* First Name: Woody

Middle Name:

* Last Name: Karp

Suffix:

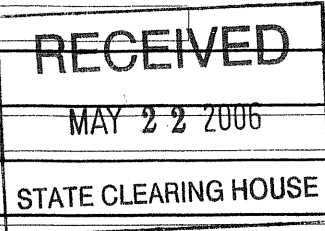
Title: project developer

Organizational Affiliation:

* Telephone Number: 510 582 1460

Fax Number: 510 582 6523

* Email: wkarp@edenhousing.org



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5030-N-22

* Title:

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-22

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Hayward, County of Alameda, CA

* 15. Descriptive Title of Applicant's Project:

Hayward Senior Housing
60 units of affordable senior apartments (59 senior apartments and 1 manager unit)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 13

* b. Program/Project 13

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 05/15/2008

* b. End Date: 06/15/2009

18. Estimated Funding (\$):

* a. Federal	7,243,324.00
* b. Applicant	818,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	5,820,000.00
* f. Program Income	0.00
* g. TOTAL	13,881,324.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2006

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Linda
Middle Name:
* Last Name: Mandolini
Suffix:

* Title: Executive Director

* Telephone Number: 510 582 1460 Fax Number: 510 582 6523

* Email: lmandolini@edenhousing.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

		2. DATE SUBMITTED May 16, 2006	Applicant Identifier Pending
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Callistoga Affordable Housing, Inc.		Organizational Unit: California Non-profit Corporation	
Address (give city, county, State, and zip code): 1332 Lincoln Ave. Callistoga, CA 94515		Name and telephone number of person to be contacted on matters involving this application (give area code) Erica Roetman Sklar, (707) 942-5920	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 — 0 4 7 2 5 5 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">N</div> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>NON PROFIT</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA/RHS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> TITLE: Not Applicable		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of an 8 unit Rental Complex for Affordable Housing. (See attached Concept Plan)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Callistoga			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 02/01/06	Ending Date 08/01/06	a. Applicant District 1	b. Project District 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 933,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 16, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 280,000 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ 40,883 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,253,883 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Erica Roetman Sklar		b. Title Executive Director	c. Telephone Number (707) 942-5920
d. Signature of Authorized Representative		e. Date Signed May 16, 2006	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/24/06		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																																	
Legal Name: Experience Works, Inc.			Organizational Unit: Department: Experience Works, Inc.																														
Organizational DUNS: 07-010-4203			Division: Experience Works, Inc.																														
Address: Street: 2200 Clarendon Blvd., Suite 1000			Name and telephone number of person to be contacted on matters involving this application (give area code)																														
City: Arlington			Prefix: Mrs.		First Name: Sally																												
County:			Middle Name A.																														
State: Virginia			Last Name Boofer																														
Zip Code 22201			Suffix:																														
Country:			Email: sally_boofer@experienceworks.org																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">52-0817955</div>			Phone Number (give area code) 703-522-7272		Fax Number (give area code) 703-522-0141																												
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Private Non-profit																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">17-235</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program (SCSEP), "This project will provide subsidized, part-time opportunities in community service employment for low income persons age 55 and over."																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Multiple counties - See Attachment C - Geographic Areas to be Served			9. NAME OF FEDERAL AGENCY: U.S. Dept. of Labor, ETA, Older Worker Division																														
13. PROPOSED PROJECT Start Date: 8/1/06 Ending Date: 6/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Virginia, 8th District b. Project Multiple																														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>132,938,505</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>14,770,945</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>147,709,450</td> <td>00</td> </tr> </table>			a. Federal	\$	132,938,505	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$		00	e. Other	\$	14,770,945	00	f. Program Income	\$		00	g. TOTAL	\$	147,709,450	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/16/06 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	132,938,505	00																														
b. Applicant	\$		00																														
c. State	\$		00																														
d. Local	\$		00																														
e. Other	\$	14,770,945	00																														
f. Program Income	\$		00																														
g. TOTAL	\$	147,709,450	00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix Mrs.</td> <td>First Name Sally</td> <td>Middle Name A.</td> </tr> <tr> <td colspan="2">Last Name Boofer</td> <td>Suffix</td> </tr> <tr> <td colspan="2">b. Title VP of Program Operations</td> <td>c. Telephone Number (give area code) 703-522-7272</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative <i>Sally A. Boofer</i></td> <td>e. Date Signed May 11, 2006</td> </tr> </table>						Prefix Mrs.	First Name Sally	Middle Name A.	Last Name Boofer		Suffix	b. Title VP of Program Operations		c. Telephone Number (give area code) 703-522-7272	d. Signature of Authorized Representative <i>Sally A. Boofer</i>		e. Date Signed May 11, 2006																
Prefix Mrs.	First Name Sally	Middle Name A.																															
Last Name Boofer		Suffix																															
b. Title VP of Program Operations		c. Telephone Number (give area code) 703-522-7272																															
d. Signature of Authorized Representative <i>Sally A. Boofer</i>		e. Date Signed May 11, 2006																															

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
City of Oroville	Department: Public Works
Organizational DUNS: 086123437	Division: Airports
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1735 Montgomery Street	Prefix: Mr.
City: Oroville	First Name: Eric
County: Butte	Middle Name
State: California	Last Name Teitelman
Zip Code 95965	Suffix:
Country: USA	Email: cdpw-director@cityoforoville.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	
94-6000387	
7. TYPE OF APPLICANT: (See back of form for Application Types)	
C. Municipal Other (specify)	
8. TYPE OF APPLICATION:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	
9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
20-106	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Oroville Municipal Airport, Oroville, Butte County, California Airport Layout Plan Update and Baseline Environmental Studies	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
City of Oroville, Butte County, California	
13. PROPOSED PROJECT	
Start Date: 2006	Ending Date: 2006
14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant 1st	b. Project 1st
15. ESTIMATED FUNDING:	
a. Federal	\$ 266,000.00
b. Applicant	\$ 700.00
c. State	\$ 13,300.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 280,000.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 14, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Ms.	First Name Sharon
Middle Name	
Last Name Atteberry	
Suffix	
b. Title City Administrator	
c. Telephone Number (give area code) (530) 538-2405	
d. Signature of Authorized Representative <i>Sharon Atteberry</i>	
e. Date Signed 5/18/06	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Oroville		Organizational Unit: Department: Public Works	
Organizational DUNS: 086123437		Division: Airports	
Address: Street: 1735 Montgomery Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oroville		Prefix: Mr.	First Name: Eric
County: Butte		Middle Name	
State: California		Last Name Teitelman	
Zip Code 95965		Suffix:	
Country: USA		Email: cdpw-director@cityoforoville.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000387		Phone Number (give area code) (530) 538-2420	Fax Number (give area code) 530-538-2426
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville, Butte County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oroville Municipal Airport, Oroville, Butte County, California Install REIL on Runway 19	
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st	
15. ESTIMATED FUNDING: a. Federal \$ 40,850.00 b. Applicant \$ 108.00 c. State \$ 2,042.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 43,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative			
Prefix Ms.		First Name Sharon	Middle Name
Last Name Atteberry		Suffix	
b. Title City Administrator		c. Telephone Number (give area code) (530) 538-2405	
d. Signature of Authorized Representative <i>Sharon Atteberry</i>		e. Date Signed 5/18/06	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): * Other (Specify) 	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: CA015000			
5a. Federal Entity Identifier: 			* 5b. Federal Award Identifier: 		
State Use Only:					
6. Date Received by State: 		7. State Application Identifier: 			
8. APPLICANT INFORMATION:					
* a. Legal Name: COUNTY OF KERN		<div>RECEIVED MAY 22 2006 STATE CLEARING HOUSE</div>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000925					
* c. Organizational DUNS: 063811350					
d. Address:					
* Street1: 1350 NORRIS ROAD					
Street2:					
* City: BAKERSFIELD					
County: KERN					
* State:		CA: California			
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code: 93308					
e. Organizational Unit:					
Department Name: SHERIFF'S DEPARTMENT			Division Name: TECHNOLOGY SERVICES		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: DAN			
Middle Name:					
* Last Name: HARMUTH					
Suffix:					
Title: TECHNOLOGY MANAGER					
Organizational Affiliation:					
* Telephone Number: 661-391-7601		Fax Number: 661-391-7674			
* Email: HARMUTHD@CO.KERN.CA.US					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

UNINCORPORATED KERN COUNTY, CALIFORNIA

* 15. Descriptive Title of Applicant's Project:

COPS MOBILE DATA TERMINAL PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-022

* b. Program/Project CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 11/22/2005

* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal	197,446.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	197,446.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/2006.☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Elizabeth

Middle Name: C

* Last Name: Money

Suffix:

* Title: Administrative Coordinator

* Telephone Number: 661-391-7761

Fax Number: 661-392-4379

* Email: money@co.kern.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 26, 2006		Applicant Identifier 1142623469-3525	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Rector, Wardens, and Vestry of St Peter's Episcopal Church in San Francisco					
Organizational DUNS: 836080978					
Address: Street: 420 29th Avenue City: San Francisco County: San Francisco State: CA Zip Code: 94121					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1180958					
7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)					
9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-181					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 29th Avenue Apartments, San Francisco, CA New construction of 19 units Supportive housing for very low-income disabled adults Note: map showing project location can be found in Exhibit 4(d)vi					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco; State of California					
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 12/31/09					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-008 b. Project CA-008					
15. ESTIMATED FUNDING:					
a. Federal	\$	2,471,823			
b. Applicant	\$	12,500			
c. State	\$	2,512,476			
d. Local	\$	3,301,252			
e. Other	\$	95,000			
f. Program Income	\$				
g. TOTAL	\$	8,393,051			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 22, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Father		First Name David		Middle Name	
Last Name Rickey		Suffix			
b. Title Rector		c. Telephone Number (give area code) (415) 751-4942			
d. Signature of Authorized Representative <i>David Rickey</i>		e. Date Signed 5/21/2006			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 26, 2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Satellite Housing, Inc.		Organizational Unit: Department: Housing Development		
Organizational DUNS: 626484737		Division: Not Applicable		
Address: Street: 2526 Martin Luther King Jr. Way		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Berkeley		Prefix:	First Name: Paula	
County: Alameda		Middle Name: K		
State: California		Last Name: Cook		
Zip Code: 94704	Suffix:			
Country: U.S.A.	Email: paula@westbayhousing.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3031375		Phone Number (give area code) (415) 618-0012		Fax Number (give area code) (415) 618-0228
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) O. Not for Profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD 811: Supportive Housing Program		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Octavia Court: Affordable Housing Development for People with Developmental Disabilities		
13. PROPOSED PROJECT Start Date: 8/1/2008 Ending Date: 4/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project 8		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,920,315	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/23/2006		
b. Applicant	\$ 9,602	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 1,922,162	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 2,035,891	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 150,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0			
g. TOTAL	\$ 6,037,770			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.	First Name: Arion (Ryan)		Middle Name:	
Last Name: Chao			Suffix:	
b. Title: Executive Director			c. Telephone Number (give area code): 510-647-0700	
d. Signature of Authorized Representative			e. Date Signed: 5/23/06	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>D-Q University</u> <u>Deganawidah-Quetzalcoatl</u>		Organizational Unit: <u>Private University-Indian</u>	
Address (give city, county, State, and zip code): <u>P.O. Box 409</u> <u>Davis CA 95617</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Rebecca Plude 530 902 1712</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>941746464</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> K	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: <u>USDA</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10.766</u> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Renovation of Building 104.</u> <u>Early Childhood Lab School</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Yolo County</u>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: <u>CA District 1</u>	
Start Date <u>6-15-06</u>	Ending Date <u>9-1-06</u>	a. Applicant <u>D-Q University</u>	b. Project <u>Renovate Bldg 104</u>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>300,000</u>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ <u>100,000</u>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____		
d. Local	\$ _____		
e. Other	\$ _____		
f. Program Income	\$ _____		
g. TOTAL	\$ <u>400,000</u> <u>0.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Steven Ybarra</u>		b. Title <u>Dean, Quetzalcoatl College</u>	
c. Telephone Number <u>530 758 0470</u>		d. Signature of Authorized Representative <u>[Signature]</u>	
e. Date Signed <u>5-23-06</u>			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2006		Applicant Identifier	
Pro-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Satellite Housing, Inc.			Organizational Unit: Department: Housing Development		
Organizational DUNS: 626484737			Division: Not Applicable		
Address: Street: 2526 Martin Luther King Jr. Way			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Berkeley			Prefix: First Name: Paula		
County: Alameda			Middle Name K		
State: California			Last Name Cook		
Zip Code 94704			Suffix:		
Country: U.S.A.			Email: paula@westbayhousing.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3031375			Phone Number (give area code) (415) 618-0012		Fax Number (give area code) (415) 618-0228
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) O. Not for Profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD 811: Supportive Housing Program			9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Octavia Court: Affordable Housing Development for People with Developmental Disabilities		
13. PROPOSED PROJECT Start Date: 8/1/2008 Ending Date: 4/30/2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project 8		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,920,315.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 9,602.00			DATE: 05 / 23 / 2006		
c. State \$ 1,922,162.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ 2,035,691.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 150,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$ 0.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 6,037,770.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Arlon (Ryan)		Middle Name	
Last Name Chao				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) 510-647-0700	
d. Signature of Authorized Representative				e. Date Signed 5/23/06	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		RECEIVED MAY 23 2006
6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: Imperial Valley Regional Occupational Progm		STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2133310		* c. Organizational DUNS: 139126408
d. Address:		
* Street1: 687 State Street		
Street2: <input type="text"/>		
* City: El Centro		
County: <input type="text"/>		
* State: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 92243		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: Mary
Middle Name: N.		
* Last Name: Camacho		
Suffix: <input type="text"/>		
Title: Superintendent		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (760) 482-2666 or 2644		Fax Number: (760) 482-2751
* Email: mcamacho@ivrop.org		

Application for Federal Assistance SF-424**Version 02****9. Type of Applicant 1: Select Applicant Type:**☒ **X. Other****Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant 52	* b. Program/Project 52	
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
17. Proposed Project:		
* a. Start Date: 07/01/06	* b. End Date: 06/30/07	
18. Estimated Funding (\$):		
* a. Federal	\$439,565	
* b. Applicant	\$10,806	
* c. State		
* d. Local		
* e. Other	\$93,300	
* f. Program Income		
* g. TOTAL	\$543,671	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/06		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	* First Name: Mary	
Middle Name:	N.	
* Last Name:	Camacho	
Suffix:		
* Title:	Superintendent	
* Telephone Number:	(760) 482-2666 or 2644	
	Fax Number: (760) 482-2751	
* Email:	mcamacho@ivrop.org	
* Signature of Authorized Representative:	Date Signed: 05/19/06	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

MAY 23 2006

8. APPLICANT INFORMATION:

* a. Legal Name: West Bay Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

56-2379862

* c. Organizational DUNS:

167725436

d. Address:

* Street1:

120 Howard Street, Suite 470

Street2:

* City:

San Francisco

County:

San Francisco

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94105

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Paula

Middle Name:

K.

* Last Name:

Cook

Suffix:

Title: Director of Housing Development

Organizational Affiliation:

West Bay Housing Corp.

* Telephone Number: 415-618-0012

Fax Number: 415-618-0228

* Email: paula@westbayhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

* 12. Funding Opportunity Number:

FR-5030-N-21

* Title:

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811-21

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco, CA

* 15. Descriptive Title of Applicant's Project:

Octavia Court, Affordable Housing for people with Developmental Disabilities.

Attach supporting documents as specified in agency instructions.

Attachments: Attachments: Attachments:

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 8

* b. Program/Project 8

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 08/01/2008

* b. End Date: 04/30/2009

18. Estimated Funding (\$):

* a. Federal	1,920,315.00
* b. Applicant	9,602.00
* c. State	1,922,162.00
* d. Local	2,035,691.00
* e. Other	150,000.00
* f. Program Income	0.00
* g. TOTAL	6,037,770.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Vera

Middle Name: R.

* Last Name: Ciannetti

Suffix:

* Title: Executive Director

* Telephone Number: 415-618-0012 ext 201 Fax Number: 415-618-0228

* Email: vera@westbayhousing.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(a):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

MAY 23 2006

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Bernardino County District Attorney

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-8002748W

* c. Organizational DUNS:

626913172

d. Address:

* Street1: 316 North Mountain View Avenue

Street2:

* City: San Bernardino

County: San Bernardino

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 92415-0004

e. Organizational Unit:

Department Name:

San Bdrno Co District Attorney

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Jane

Middle Name:

* Last Name: Allen

Suffix:

Title: Chief, Bureau of Administration

Organizational Affiliation:

* Telephone Number: (909) 387-6613

Fax Number: (909) 387-6313

* Email: jallen@da.sbcounty.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Bernardino County and cities within

* 15. Descriptive Title of Applicant's Project:

Identity Theft Prevention and Prosecution

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-026

* b. Program/Project CA-026

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional Districts of.doc

Add Attachment

Delete Attachment

New Attachment

17. Proposed Project:

* a. Start Date: 11/22/2005

* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal	24,681.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	24,681.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2006.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Middle Name: A. Last Name: Ramos Suffix: Title: District Attorney Telephone Number: (909) 387-6507 Fax Number: (909) 387-6313 Email: mramos@da.sbcounty.gov Signature of Authorized Representative: Completed by Grants.gov upon submission. Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ <input checked="" type="checkbox"/> Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Rik Rasmussen (916) 341-5549	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
13. Proposed Project: Start Date 07/01/06 End Date 06/30/11		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$632,617 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$632,617		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 24, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	

#06-547

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: THE RAISE PEOPLE OF AMERICA, INC			Organizational Unit: Department: NONE		
Organizational DUNS: 132966685			Division: NONE		
Address: Street: 9235 SAN LEANDRO STREET City: OAKLAND County: ALAMEDA State: CA Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: TED Middle Name: CURTIS Last Name: RABIER Suffix:		
Zip Code: 94603			Email: TREIFF@THEPEOPLE.ORG		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-0832724			Phone Number (give area code): 510/383-1983		Fax Number (give area code): 510/383-1963
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) "O" NONPROFIT Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: SOLID WASTE MANAGEMENT ASSISTANCE 22-000			9. NAME OF FEDERAL AGENCY: U.S. EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LOS ANGELES, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LOS ANGELES BUILDING MATERIALS REUSE FACILITY		
13. PROPOSED PROJECT Start Date: 10/1/06 Ending Date: 9/30/09			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 9TH b. Project CA 35TH		
15. ESTIMATED FUNDING: a. Federal \$ 50,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/22/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: First Name: TED Last Name: RABIER b. Title: PRESIDENT d. Signature of Authorized Representative: [Signature]			Middle Name: CURTIS Suffix: c. Telephone Number (give area code): 510/383-1983 e. Date Signed: 5/22/06		

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: West Bay Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

56-2379862

* c. Organizational DUNS:

187725436

d. Address:

* Street1:

120 Howard Street, Suite 470

Street2:

* City:

San Francisco

County:

San Francisco

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94105

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Paula

Middle Name:

K.

* Last Name:

Cook

Suffix:

Title: Director of Housing Development

Organizational Affiliation:

West Bay Housing Corp.

* Telephone Number:

415-618-0012

Fax Number:

415-618-0228

* Email:

paula@westbayhousing.org

RECEIVED

MAY 23 2006

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5030-N-21

* Title:

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811-21

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco, CA

*** 15. Descriptive Title of Applicant's Project:**

Octavia Court, Affordable Housing for people with Developmental Disabilities.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

8

* b. Program/Project

8

Attach an additional list of Program/Project Congressional Districts if needed.

 [Delete Attachment](#) [View Attachment](#)

17. Proposed Project:

* a. Start Date: 08/01/2008

* b. End Date: 04/30/2009

18. Estimated Funding (\$):

* a. Federal	1,920,315.00
* b. Applicant	9,602.00
* c. State	1,922,162.00
* d. Local	2,035,691.00
* e. Other	150,000.00
* f. Program Income	0.00
* g. TOTAL	6,037,770.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No[Explanation](#)

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Vera

Middle Name:

R.

* Last Name:

Ciammetti

Suffix:

* Title:

Executive Director

* Telephone Number:

415-618-0012 ext 201

Fax Number:

415-618-0228

* Email:

vera@westbayhousing.org

* Signature of Authorized Representative:

[Completed by Grants.gov upon submission.](#)

* Date Signed:

[Completed by Grants.gov upon submission.](#)

COPY

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/17/06	Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Holtville		Organizational Unit: Department: Holtville Public Works		
Organizational DUNS: 02-050-7158		Division: Water Department		
Address: Street: 121 W. Fifth Street City: Holtville County: Imperial State: CA Zip Code 92250 Country:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Vivia Middle Name: M Last Name: Arellano Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 2 1		Phone Number (give area code) 760-356-4685		Fax Number (give area code) 760-3561863
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 7 6 0		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Holtville		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Installation of 2.5 Million Gallon Ground Storage Reservoir and Installation of HDPE liner for Raw Water Ponds 2 nd 3		
13. PROPOSED PROJECT Start Date: 1/01/07 Ending Date: 1/01/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51 b. Project 51		
15. ESTIMATED FUNDING: a. Federal \$ 3,579,077.00 b. Applicant \$ 0.00 c. State \$ 0.00 d. Local \$ 0.00 e. Other \$ 0.00 f. Program Income \$ 0.00 g. TOTAL \$ 3,579,077.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Laura Last Name Fischer b. Title City Manager c. Telephone Number (give area code) 760-356-4574 d. Signature of Authorized Representative Laura Fischer e. Date Signed 5/18/06		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <i>May 22, 2006</i>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <i>City of South Lake Tahoe</i>			Organizational Unit: Department: <i>Economic Development</i>		
Organizational DUNS: <i>0</i>			Division: <i>0</i>		
Address: Street: <i>1901 Airport Road, Suite 201</i>			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>MS.</i> First Name: <i>Camden</i>		
City: <i>South Lake Tahoe</i>			Middle Name: <i>0</i>		
County: <i>El Dorado</i>			Last Name: <i>Collins</i>		
State: <i>Ca</i>		Zip Code: <i>96150</i>		Suffix: <i>0</i>	
Country: <i>US</i>			Email: <i>ccollins@cityofslt.us</i>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-1610868</i>			Phone Number (give area code) <i>530.542.6078</i>		Fax Number (give area code) <i>530.542.4054</i>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) <i>C</i> Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <i>USDA Rural Business Opportunity Grant</i> <i>10-173</i>			9. NAME OF FEDERAL AGENCY: <i>US Dept of Agriculture</i>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Cal: El Dorado + Placer County; Nev: Douglas + Washoe Counties</i>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Biomass Fuels Reduction + Pelletization; technical assistance to determine degree of private funding feasibility. Fire risk reduction; heating production</i>		
13. PROPOSED PROJECT Start Date: <i>when funded</i> Ending Date: <i>12 months</i>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>4th District (J.T. Dolittle)</i> b. Project <i>4th District (J.T. Dolittle)</i>		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	42,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	7,500.00	DATE:		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	50,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix	<i>Ms.</i>		First Name	<i>Camden</i>	
Last Name	<i>Collins</i>		Middle Name		
b. Title	<i>Economic Development Manager</i>		c. Telephone Number (give area code)	<i>530.542.6078</i>	
d. Signature of Authorized Representative	<i>Camden Collins</i>		e. Date Signed	<i>May 22, 2006</i>	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <div style="text-align: center;">5/25/06</div>		Applicant Identifier	
1. TYPE OF SUBMISSION <div style="display: flex; justify-content: space-between;"> <div> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Yosemite/Sequoia RC&D Council			Organizational Unit		
Address (Give City, County, State, and Zip code): PO Box 415 North Fork, Madera County, California 93643			Name and telephone number of the person to be contacted on matters involving this application (Give area code) Robyn Smith (559) 877-8660		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 1 - 2 1 5 5 8 6 6 </div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">N</div>		
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">B</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____ </div>			A. State H. Independent School District B. County I. State Control Instit. of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit organization G. Special District N. Other (Specify) 501c(3) non-profit		
9. NAME OF FEDERAL AGENCY: United States Department of Agriculture, Forest Service			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 7 3 </div> TITLE: Rural Business Opportunity Grant Program			Decision Point: Entrepreneurial Training for Agriculture and Nature Tourism		
12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.) Mariposa, Madera, Fresno, and Tulare Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 9/2006	End Date 9/2007	a. Applicant CA-19th		b. Project CA-21 st & CA-19th	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$10628		a. YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on: DATE: 5/26/06 b. NO. <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> or Program has not been selected by State for review			
b. Applicant \$13900					
c. State \$					
d. Local \$					
e. Other \$					
f. Program \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$24528		<input type="checkbox"/> YES - If "YES", attach an explanation. <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Bob Pickard		b. Title President, Yosemite/Sequoia RC&D Council		c. Telephone Number (559) 877-8660	
d. Signature of Authorized Representative 				e. Date Signed 5/25/06	

RECEIVED
MAY 25 2006
STATE CLEARING HOUSE

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

RECEIVED

MAY 26 2006

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED STATE CLEARING HOUSE Applicant Identifier

1. TYPE OF SUBMISSION:

Application

Pre-application

3. DATE RECEIVED BY STATE

State Application Identifier

☐ Construction☐ Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

☒ Non-Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Mojave Desert-Mountain Resource Conservation and Development

Organizational Unit:

Department:

Organizational DUNS:
142124994

Division:

Address:

Street:

1525 N. Norma St., Ste., C

Name and telephone number of person to be contacted on matters
involving this application (give area code)

Prefix:

Ms

First Name:

Donna

City:

Ridgecrest

Middle Name
Celestine

County:

Kern

Last Name

Thomas

State:

CA

Zip Code

93555

Suffix:

Country:

US

Email:

m.rcnd@mchsi.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0497819

Phone Number (give area code)

760-446-1974

Fax Number (give area code)

760-446-3743

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify)

Non-Profit 501c3

9. NAME OF FEDERAL AGENCY:

USDA, Natural Resource Conservation and Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

Rural Business Opportunity Grants

10-773

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Inyo County Economic Development Strategic Plan

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Inyo County

13. PROPOSED PROJECT

Start Date:

July 1, 2006

Ending Date:

June 30, 2007

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

21,22,25,41

b. Project

21,25

15. ESTIMATED FUNDING:

a. Federal

\$

50,000

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

35,389

f. Program Income

\$

g. TOTAL

\$

85,389

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Ms

First Name

Donna

Middle Name

Celeste

Last Name

Thomas

Suffix

b. Title

President

c. Telephone Number (give area code)

760-446-1974

d. Signature of Authorized Representative

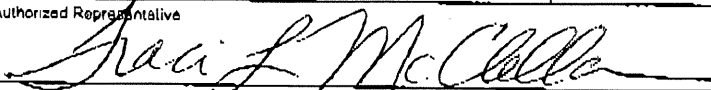
e. Date Signed

May 25, 2006

Indian SCSEP National Grant Funds

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. Type of Submission Application Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 05/22/06	Applicant Identifier	
		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier	
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name National Indian Council on Aging, Inc.		Organizational Unit NICOA - SCSEP		
Address (give city, county, state, and zip code) 10501 Montgomery Blvd., NE, Suite 210 Albuquerque, NM 87111		Name and telephone number of the person to be contacted on matters involving this application (give area code) Frieda Clark, (505) 292-2001 Fax (505) 292-1922 frieda@nicoa.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">8 6 - 0 3 2 1 6 3 1</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> A. State I. State Controlled Institution of Higher Learning B. County J. Private University C. Municipal K. Indian Tribe D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Nonprofit G. Special District O. Public Housing Agency H. Independent School Dist P. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): Duns #88-4575275		9. NAME OF FEDERAL AGENCY: U.S Department of Labor Employment & Training Administration, Older Worker Division		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <div style="border: 1px solid black; padding: 2px;">1 7 - 2 3 5</div> TITLE: Senior Community Service Employment Program (SCSEP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program (SCSEP). This project will provide 642 subsidized community service training positions for low - income persons - age 55 +.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): see attached list of county slots allocations.				
13. PROPOSED PROJECT: Start Date (mm/dd/yyyy) 07/01/05 Ending Date (mm/dd/yyyy) 06/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING: \$3,369,774 \$929,774 \$9,299,749		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE (mm/dd/yyyy) 05/24/06 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Traci McClellan		b. Title Executive Director		c. Telephone number (Include Area Code) (505)292-2001
d. Signature of Authorized Representative 				e. Date Signed (mm/dd/yyyy) 05/22/06

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application: * If Revision, select appropriate letter(s).

- ☒ New
☐ Continuation
☐ Revision
* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Redlands, City of

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000766

* c. Organizational DUNS:

145556747

d. Address:

* Street1:

212 Brookside Avenue

Street2:

* City:

Redlands

County:

* State:

California

Province:

* Country:

United States

* Zip / Postal Code:

92373

RECEIVED

MAY 25 2006

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Redlands Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Cletus

Middle Name:

F.

* Last Name:

Hyman

Suffix:

Title:

Deputy Chief of Police

Organizational Affiliation:

* Telephone Number:

(909) 798-7622

Fax Number:

(909) 798-7538

* Email:

chyman@redlandspolice.org

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: C: City or Township Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16-710 CFDA Title:	
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Redlands	
* 15. Descriptive Title of Applicant's Project: City of Redlands - Police Communications Center Project	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-041	* b. Program/Project: CA-041
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 07/01/2006	* b. End Date: 11/30/2008
18. Estimated Funding (\$):	
* a. Federal	987,228.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	987,228.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/25/06</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix:	* First Name: James
Middle Name: R.	
* Last Name: Bueermann	
Suffix:	
* Title: Chief of Police	
* Telephone Number: (909) 798-7661	Fax Number: (909) 798-7538
* Email: jrbueermann@redlandspolice.org	
* Signature of Authorized Representative:	* Date Signed:

Authorized for Local Reproduction

OMB Number: 4840-0004

Expiration Date: 07/31/2008

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

LOS COYOTES BAND OF INDIANS

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: LOS COYOTES BAND OF INDIANS

* b. Employer/Contributor Identification Number (EIN/TIN):

95-0401710

* c. Organizational DUNS:

014737964

9. Address:

* Street1:

P.O. BOX 189

Street2:

* City:

WARNER SPRINGS

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92066

RECEIVED

MAY 26 2006

STATE CLEARING HOUSE

10. Organizational Unit:

Department Name:

Division Name:

11. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

DIANE

Middle Name:

* Last Name:

MCHEERY

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

760-432-6867

Fax Number:

* Email:

diane@grantaccix.com

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

43

* b. Program/Project

43

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

10/01/2006

* b. End Date:

08/31/2007

18. Estimated Funding (\$):

* a. Federal	150,000.00
* b. Applicant	50,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

RECEIVED

MAY 26 2006

STATE CLEARING HOUSE

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

05/28/2006

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Dr.

* First Name:

CATHERINE

Middle Name:

* Last Name:

SAUSEL

Suffix:

* Title:

TRIBAL SPOKESWOMAN

* Telephone Number:

760-782-0711

Fax Number:

* Email:

LOSCYOYOTES@EATHLINK.NET

* Signature of Authorized Representative:

Completed by Grants.gov upon submission

* Date Signed:

Completed by Grants.gov upon submission

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Senior Service America, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

52-6048236

* c. Organizational DUNS:

84-985-4310

RECEIVED

MAY 26 2006

STATE CLEARING HOUSE

d. Address:

* Street1:

8403 Colesville Road

Street2:

Suite 1200

* City:

Silver Spring

County:

* State:

Maryland

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

20910-3314

e. Organizational Unit:

Department Name:

Senior Community Service Employment Program

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Anthony

Middle Name:

R.

* Last Name:

Sarmiento

Suffix:

Title:

Executive Director

Organizational Affiliation:

* Telephone Number:

301-578-8469

Fax Number:

301-578-8947

* Email:

tsarmiento@ssa-i.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M-Nonprofit with 501(c)(3) IRS status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Labor / Employment and Training Administration

11. Catalog of Federal Domestic Assistance Number:

17.235

CFDA Title:

Senior Community Service Employment Program

* 12. Funding Opportunity Number:

SGA / DFA-PY 05-06

* Title:

Older Americans Act - Solicitation for Grant Applications: Senior
Community Service Employment Program National Grants
for Program Year 2006

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

See Appendix K of the technical proposal.

* 15. Descriptive Title of Applicant's Project:

Promote part-time work-based training opportunities for low-income
individuals age 55 and over, and foster increased self-sufficiency.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="88,859,335.00"/>
* b. Applicant	<input type="text" value="9,873,269.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$ 98,732,604.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☒ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mental Health Association of San Mateo County

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6034112

* c. Organizational DUNS:

018735159

d. Address:

* Street1: 2686 Spring Street

Street2:

* City: Redwood City

County: San Mateo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94063-3522

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

* First Name: Melissa

Middle Name:

* Last Name: Platte

Suffix:

Title: Executive Director

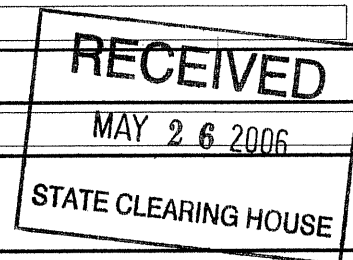
Organizational Affiliation:

Mental Health Association of San Mateo County

* Telephone Number: (650) 368-3345, ext. 136

Fax Number: (650) 368-9017

* Email: melissap@mhasmc.org



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5030-N-21

* Title:

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811-21

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Redwood City
San Mateo
California

*** 15. Descriptive Title of Applicant's Project:**

Cedar Street Apartments
Construction of 15 apartments for very low income persons with chronic mental illness.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 14

* b. Program/Project 14

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 05/01/2006

* b. End Date: 05/01/2008

18. Estimated Funding (\$):

* a. Federal	1,500,000.00
* b. Applicant	100,000.00
* c. State	0.00
* d. Local	2,500,000.00
* e. Other	400,000.00
* f. Program Income	0.00
* g. TOTAL	4,500,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Melissa

Middle Name:

* Last Name: Platte

Suffix:

* Title: Executive Director

* Telephone Number: (650) 368-3345, ext. 136 Fax Number: (650) 368-9017

* Email: melissap@mhasmc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

3-06-0088-FCH FFY2006

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Fresno

Organizational Unit: Department of Airports

Department: Airports

Organizational DUNS: 17-678-5079

Division: Projects and Engineering

Address:

Street: 4995 East Clinton Way

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr.

First Name: Kevin

City: Fresno

Middle Name:

County: Fresno

Last Name: Meikle

State: CA

Zip Code: 93727

Suffix:

Country: USA

Email: Kevin.Meikle@fresno.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code):

559-621-4536

FAX number (give area code):

559-498-5549

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fresno Chandler Executive Airport (FCH)

- Install AWOS III

- Rehabilitate Taxilanes South Side (Design)

- Environmental Assessment for Northside Improvements

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: AIRPORT IMPROVEMENT
PROGRAM (AIP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa

13. PROPOSED PROJECT

Start Date

6/2006

Ending Date

6/2009

15. ESTIMATED FUNDING

a. Federal	\$	414,440	.00
b. Applicant	\$		.00
c. State	\$	21,813	.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	436,253	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

18TH

b. Project

18TH

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: TBD

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Authorized Representative

Prefix Mr

First Name Russell

Middle Name C.

Last Name Widmar

Suffix AAE

b. Title Director of Aviation

c. Telephone number (give area code)

559-621-4600

d. Signature of Authorized Representative

e. Date Signed

4-19-06

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FYI FFY2006
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Fresno		Organizational Unit: Department: Airports	
Organizational DUNS: 17-678-5079		Division: Planning and Engineering	
Address: Street: 4995 E Clinton Way		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Kevin	
City: Fresno		Middle Name	
County: Fresno		Last Name Meikle	
State: CA	Zip Code 93727	Suffix:	
Country:		Email: kevin.meikle@fresno.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338		Phone Number (give area code) 559-621-4536	Fax Number (give area code) 559-498-5549
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport (FAT) - Modify Terminal, Rehabilitate Service Road, Install Access Control System at perimeter gates.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced, and Mariposa			
13. PROPOSED PROJECT Start Date: 6/2006 Ending Date: 6/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 3,580,129.00 b. Applicant \$ 188,428.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 3,768,557.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: TBD b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix Mr.	First Name Russell	Middle Name C.	
Last Name Widmar		Suffix AAE	
b. Title Director of Aviation		c. Telephone Number (give area code) 559-621-4600	
d. Signature of Authorized Representative		e. Date Signed 3/17/06	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
February 9, 2006

Applicant Identifier
3-06-0087-FYI FFY2006

1. TYPE OF SUBMISSION:

Application
☒ **Construction**
☐ **Non-Construction**

Preapplication
☒ **Construction**
☐ **Non-Construction**

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Fresno

Organizational Unit: **Department of Airports**

Department: **Airports**

Organizational DUNS: **17-678-5079**

Division: **Projects and Engineering**

Address:

Street: **4995 East Clinton Way**

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: **Mr.**

First Name: **Kevin**

City: **Fresno**

Middle Name:

County: **Fresno**

Last Name: **Meikle**

State: **CA**

Zip Code: **93727**

Suffix:

Country: **USA**

Email: **Kevin.Meikle@fresno.gov**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code):

559-621-4536

FAX number (give area code):

559-498-5549

8. TYPE OF APPLICATION:

☒ **New** ☐ **Continuation** ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

☒ **C** **MUNICIPAL**

Other (specify)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **AIRPORT IMPROVEMENT
PROGRAM (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Fresno Yosemite International Airport (FAT)
Part 150 Noise Compatibility Program Acoustically
Treating Residences in the 65-75 CNEL Contours of the
NEM.**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno County

13. PROPOSED PROJECT

Start Date

6/2006

Ending Date

9/2008

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

18TH

b. Project

18TH

15. ESTIMATED FUNDING

a. Federal

\$ 2,000,000 .00

b. Applicant

\$ 105,263 .00

c. State

\$ MAY 26 2006 .00

d. Local

\$.00

e. Other

\$ STATE CLEARING HOUSE .00

f. Program income

\$.00

g. TOTAL

\$ 2,105,263 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ **THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON**

DATE: **TBD**

b. No. ☐ **PROGRAM IS NOT COVERED BY E. O. 12372**

☐ **OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR
REVIEW**

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ **Yes If "Yes" attach an explanation**

☒ **No**

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Authorized Representative

Prefix **Mr**

First Name **Russell**

Middle Name **C.**

Last Name **Widmar**

Suffix **AAE**

b. Title **Director of Aviation**

c. Telephone number (give area code)

559-621-4600

d. Signature of Authorized Representative

e. Date Signed

February 8, 2006

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 30 2006

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

N/A

* 5b. Federal Award Identifier:

946000374

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Modesto Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000374

* c. Organizational DUNS:

152974544

d. Address:

* Street1:

600 Tenth Street

Street2:

P.O. Box 1748

* City:

Modesto

County:

Stanislaus

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95353

e. Organizational Unit:

Department Name:

Police Department

Division Name:

Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mrs.

* First Name:

Karen

Middle Name:

* Last Name:

Rabb

Suffix:

Title: Administrative Analyst

Organizational Affiliation:

* Telephone Number: (209) 572-9523

Fax Number:

(209) 572-9669

* Email: rabbk@modestopd.com

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Version 02

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

*** Title:**

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Computer Aided Dispatch (CAD)/Integrated Public Safety System (IPSS)

Attach supporting documents as specified in agency instructions.



Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 18

* b. Program/Project 18

Attach an additional list of Program/Project Congressional Districts if needed.

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	395,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	395,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/31/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Roy

Middle Name:

* Last Name: Wasden

Suffix:

* Title: Chief of Police

* Telephone Number: (209) 572-9501

Fax Number:

* Email: wasdenr@modestopd.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED MAY 26, 2006	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: NATIONAL COUNCIL ON AGING, INC.		Department:	
Organizational DUNS: 07- 4838848		Division: WORKFORCE DEVELOPMENT DIVISION	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 300 D STREET, SW SUITE 801		Prefix: MR.	First Name: DONALD
City: WASHINGTON		Middle Name L.	
County:		Last Name DAVIS	
State: DC	Zip Code 20024	Suffix:	
Country:		Email: donald.davis@ncoa.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 13-1932384	Phone Number (give area code) (202) 479-6640	Fax Number (give area code) (202) 479-0735
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) NOT-FOR-PROFIT Other (specify)
---	--

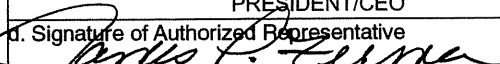
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17-235 TITLE (Name of Program): SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TO ADMINISTER THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM IN VARIOUS STATES AS IDENTIFIED IN APPENDIX K, POSITION BID FORM
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA	9. NAME OF FEDERAL AGENCY: US DOL -EMPLOYMENT AND TRAINING ADMINISTRATION
---	---

13. PROPOSED PROJECT Start Date: AUGUST 1, 2006 Ending Date: JUNE 30, 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant ALL b. Project ALL
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 26,752,560.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: MAY 24, 2006
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 2,972,507.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 29,725,067.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix MR.	First Name JAMES	Middle Name PAUL
Last Name FIRMAN		Suffix
b. Title PRESIDENT/CEO		c. Telephone Number (give area code) (202) 479-6601
d. Signature of Authorized Representative 		e. Date Signed

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 30, 2006	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: <u>Pacific Community Ventures</u> Address (give city, county, State, and zip code): <u>539 Bryant St., #302</u> <u>SF, CA 94107</u>		Organizational Unit: <u>Business Services</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Todd Schafer (415-442-4304)</u>																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">77-0485877</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">M</div> <div style="clear: both;"></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>U.S. Dept of Commerce / EDA</u>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">11-303</div> TITLE: <u>Community and Regional Economic Development Capacity Building (Technical Assistance)</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Providing Business Advisory Services to Small Businesses in low-income areas of Los Angeles</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Los Angeles</u>																															
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>CA-08</u> b. Project <u>CA-34, CA-35, CA-37</u>																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%; text-align: center;">50,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: center;">115,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: center;">85,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: center;">250,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	50,000	.00	b. Applicant	\$.00	c. State	\$	115,000	.00	d. Local	\$.00	e. Other	\$	85,000	.00	f. Program Income	\$.00	g. TOTAL	\$	250,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	50,000	.00																												
b. Applicant	\$.00																												
c. State	\$	115,000	.00																												
d. Local	\$.00																												
e. Other	\$	85,000	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	250,000	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative <u>David Rosen</u> d. Signature of Authorized Representative		b. Title <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY 30 2006 STATE CLEARING HOUSE </div>																													
		c. Telephone Number <u>415-442-4307</u> e. Date Signed <u>5.30.06</u>																													

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/26/06	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: California Releaf		Organizational Unit: Department:	
Organizational DUNS: 556635212		Division:	
Address: Street: 260 Russell Blvd. Suite D		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Martha	
City: Davis		Middle Name: J.	
County: Yolo		Last Name: Dzonoff	
State: CA Zip Code: 95616		Suffix:	
Country: USA		Email: mazonoff@california.releaf.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 90-0138904		Phone Number (give area code): 530-757-7333 Fax Number (give area code): 530-757-7328	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) M - nonprofit organization Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Urban + Community Forestry 10-675		9. NAME OF FEDERAL AGENCY: U.S. Forest Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assistance to community-based urban forestry organizations - through mentoring + funding research.	
13. PROPOSED PROJECT Start Date: 8/1/06 Ending Date: 7/31/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st b. Project Statewide	
15. ESTIMATED FUNDING: a. Federal \$ 27,150 b. Applicant \$ 18,450 c. State \$ d. Local \$ e. Other \$ 9,690 f. Program Income \$ g. TOTAL \$ 55,290		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/26/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: Ms. First Name: Martha Middle Name: J. Last Name: Dzonoff Suffix:		c. Telephone Number (give area code): 530-757-7333	
b. Title: Executive Director		e. Date Signed: 5/26/06	
d. Signature of Authorized Representative: [Signature]			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

RECEIVED

MAY 30 2006

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 22, 2006		Applicant Identifier															
		3. DATE RECEIVED BY STATE		State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
5. APPLICANT INFORMATION																			
Legal Name:			Organizational Unit:																
Asociacion Nacional Pro Personas Mayores/Nat. Association For Hispanic Elderly			Department:																
Organizational DUNS: 020736880			Division:																
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)																
Street: 234 E. Colorado Boulevard, Suite 300			Prefix: Dr.		First Name: Carmela														
City: Pasadena			Middle Name G.																
County: Los Angeles			Last Name Lacayo																
State: California		Zip Code 91101-2213	Suffix:																
Country: United States			Email: anppm@aol.com																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6527300			Phone Number (give area code) 626/564-1988		Fax Number (give area code) 626/564-2659														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O Other (specify) Not For Profit Corporation																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17-235 TITLE (Name of Program): Senior Community Service Employment Program			9. NAME OF FEDERAL AGENCY: Department of Labor/Employment & Training Administration																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arizona, California, District of Columbia, Louisiana, Pennsylvania			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To operate a Senior Community Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time work-based training opportunities in local communities for unemployed, low-income individuals who are 55 and over, and foster increased prospects for their economic self sufficiency.																
13. PROPOSED PROJECT Start Date: 08/01/2006 Ending Date: 06/30/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA29 b. Project See Attached																
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 14,844,859</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 1,649,429</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 16,494,288</td> </tr> </table>			a. Federal	\$ 14,844,859	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$ 1,649,429	f. Program Income	\$.00	g. TOTAL	\$ 16,494,288	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 14,844,859																		
b. Applicant	\$.00																		
c. State	\$.00																		
d. Local	\$.00																		
e. Other	\$ 1,649,429																		
f. Program Income	\$.00																		
g. TOTAL	\$ 16,494,288																		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Authorized Representative																			
Prefix Dr.		First Name Carmela		Middle Name G.															
Last Name Lacayo		Suffix																	
b. Title President/CEO		c. Telephone Number (give area code) 626/564-1988																	
d. Signature of Authorized Representative		e. Date Signed May 22, 2006																	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Calaveras County Sheriff

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000507

* c. Organizational DUNS:

783687577

d. Address:

* Street1: 891 Mountain Ranch Road

Street2:

* City: San Andreas

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95249

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Dennis

Middle Name:

* Last Name: Downum

Suffix:

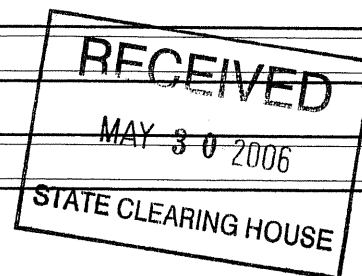
Title:

Organizational Affiliation:

* Telephone Number: 209-754-6500

Fax Number:

* Email: ddownum@co.calaveras.ca.us



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

See Attached

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="148,084.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="148,084.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of Modoc Organizational DUNS: 07-611-8678 Address: Street: 202 W. 4th Street City: Alturas County: Modoc State: California Zip Code: 96101 Country: USA		Organizational Unit: Department: Public Works Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard Middle Name: R. Last Name: Hironymous Suffix: Email: rickhi@hdo.net Phone Number (give area code): 530-233-6403 Fax Number (give area code): 530-233-3132
--	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Tulalake, Modoc County, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tulalake Municipal Airport, Modoc County, California Engineering Design: Reconstruction of Tie Down Apron (136,000 sq. ft.) Reconstruction of Service Road (30' x 950')
--	--

13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">104,500</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">275</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">5,225</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">110,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	104,500	.00	b. Applicant	\$	275	.00	c. State	\$	5,225	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	110,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	104,500	.00																										
b. Applicant	\$	275	.00																										
c. State	\$	5,225	.00																										
d. Local	\$	0	.00																										
e. Other	\$	0	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	110,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Dan Middle Name: Last Name: Macsay Title: Chairman, Board of Supervisors Signature of Authorized Representative:
--	--

Suffix: Telephone Number (give area code): (530) 279-1010 Date Signed:	5/23/06
---	---------

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																								
Legal Name:		Organizational Unit:																						
County of Modoc		Department: Public Works																						
Organizational DUNS: 07-611-8678		Division:																						
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)																						
Street: 202 W. 4th Street		Prefix: Mr.	First Name: Richard																					
City: Alturas		Middle Name R.																						
County: Modoc		Last Name Hironymous																						
State: California	Zip Code 96101	Suffix:																						
Country: USA		Email: rickhi@hdo.net																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522		Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alturas Municipal Airport, Alturas, Modoc County, California Reconstruct Service Road (30' x 300') Reconstruct Automobile Parking Lot - 15 spaces (25' x 150') Medium Intensity Taxiway Edge Lights - Taxiway B Complex																						
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>347,700⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td>915⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>17,385⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>366,000⁰⁰</td> </tr> </table>		a. Federal	\$	347,700 ⁰⁰	b. Applicant		915 ⁰⁰	c. State	\$	17,385 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	366,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	347,700 ⁰⁰																						
b. Applicant		915 ⁰⁰																						
c. State	\$	17,385 ⁰⁰																						
d. Local	\$	0 ⁰⁰																						
e. Other	\$	0 ⁰⁰																						
f. Program Income	\$	0 ⁰⁰																						
g. TOTAL	\$	366,000 ⁰⁰																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
a. Authorized Representative																								
Prefix Mr.	First Name Dan	Middle Name																						
Last Name Macsay		Suffix																						
b. Title Chairman, Board of Supervisors		c. Telephone Number (give area code) (530) 279-1010																						
d. Signature of Authorized Representative		e. Date Signed 5/23/06																						

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of Modoc Organizational DUNS: 07-611-8678 Address: Street: 202 W. 4th Street City: Alturas County: Modoc State: California Zip Code: 96101 Country: USA		Organizational Unit: Department: Public Works Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard Middle Name: R. Last Name: Hironymous Suffix: Email: rickhi@hdo.net Phone Number (give area code): 530-233-6403 Fax Number (give area code): 530-233-3132	
---	--	---	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Cedarville, Modoc County, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cedarville Municipal Airport, Cedarville, Modoc County, California Update Airport Layout Plan and Exhibit "A"
--	--

13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">95,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">250</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">4,750</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">100,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	95,000	.00	b. Applicant	\$	250	.00	c. State	\$	4,750	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	100,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	95,000	.00																										
b. Applicant	\$	250	.00																										
c. State	\$	4,750	.00																										
d. Local	\$	0	.00																										
e. Other	\$	0	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	100,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Dan Middle Name: Last Name: Macsay Suffix: b. Title: Chairman, Board of Supervisors c. Telephone Number (give area code): (530) 279-1010 d. Signature of Authorized Representative e. Date Signed: 5/23/06
--	--

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 10, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 MAY 30 2006
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: County of Modoc Organizational DUNS: 07-611-8678 Address: Street: 202 W. 4th Street City: Alturas County: Modoc State: California Zip Code: 96101 Country: USA		Organizational Unit: Department: Public Works Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard Middle Name: R. Last Name: Hironymous Suffix: Email: rickhi@hdo.net Phone Number (give area code): 530-233-6403 Fax Number (give area code): 530-233-3132																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cedarville Municipal Airport, Cedarville, Modoc County, California Erosion and Weed Control Planting. Engineering Design: Reconstruct Service Road; Construct 8-foot Security Fence; Construct Grated Drain at Taxiway/Runway Intersection; Construct Tee Hangar Taxiways																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Cedarville, Modoc County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 02 b. Project: 02																													
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">53,200</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">140</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">2,660</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">56,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	53,200	.00	b. Applicant	\$	140	.00	c. State	\$	2,660	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	56,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	53,200	.00																												
b. Applicant	\$	140	.00																												
c. State	\$	2,660	.00																												
d. Local	\$	0	.00																												
e. Other	\$	0	.00																												
f. Program Income	\$	0	.00																												
g. TOTAL	\$	56,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative Prefix: Mr. First Name: Dan Middle Name: Last Name: Macsay Suffix: Title: Chairman, Board of Supervisors Signature of Authorized Representative: <i>[Signature]</i> c. Telephone Number (give area code): (530) 279-1010 e. Date Signed: <i>5/23/06</i>																															

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 31 2006

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Bernardino County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956002748

* c. Organizational DUNS:

150955516

d. Address:

* Street1:

655 East Third Street

Street2:

* City:

San Bernardino

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 92401-0061

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Sue

Middle Name:

* Last Name: Morales

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (909) 387-0630

Fax Number: (909) 387-3402

* Email: smorales@sbcisd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Electronic Crime Reporting System

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

CA25

* b. Program/Project

CA25

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional Districts.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2006

* b. End Date:

06/30/2007

18. Estimated Funding (\$):

* a. Federal

493,614.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

493,614.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

05/30/2006

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Gary

Middle Name:

S.

* Last Name:

Penrod

Suffix:

* Title:

Sheriff

* Telephone Number:

(909) 387-3400

Fax Number:

(909) 387-3402

* Email:

lguerra@sbscd.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking #06-244
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 J Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Dixon Oriola 213-576-6803	
10. Catalog of Federal Domestic Assistance Number 66.802 Title: Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreement		7. Type of Applicant: (enter appropriate letter) A _____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) Southern California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/06 End Date 6/30/07		11. Descriptive Title of Applicant's Project: To accelerate release confirmation, assessment, and propose the mitigation of sources of ground water contamination in the San Gabriel Valley. To coordinate efforts to identify, assess, and mitigate sources of ground water contamination. To assist USEPA in keeping the San Gabriel Valley groundwater database updated.	
15. ESTIMATED FUNDING: a. Federal \$350,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$350,000		14. Congressional District of: Applicant: 3 Project: California - All	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 31, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed: 6/5/06	

RECEIVED

MAY 31 2006

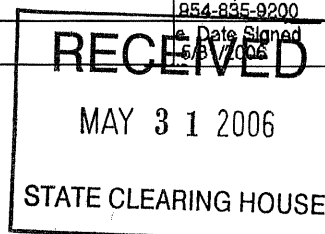
AUTHORIZED FOR LOCAL REPRODUCTION

STATE CLEARING HOUSE

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Elderly Housing Development & Operations Corporation		Organizational Unit: Department:		
Organizational DUNS: 13-308-5381		Division:		
Address: Street: 1580 Sawgrass Corporate Parkway		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fort Lauderdale		Prefix: Ms.	First Name: JoEllen	
County: Broward		Middle Name		
State: Florida		Last Name: Smith		
Zip Code: 33323-2869		Suffix:		
Country: USA		Email: joellens@mciver.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][5]-[0][6][6][5][0][0][9]		Phone Number (give area code) 512.328.3232	Fax Number (give area code) 512.328.4584	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Section 202 Supportive Housing for the Elderly Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][4]-[1][5][7] TITLE (Name of Program): Supportive Housing for the Elderly		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fontana, San Bernadino County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the elderly project. 60 units funded with a 40 year capital advance and project based rental assistance.		
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 4/01/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant FL 20 b. Project CA 43		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 7,493,200.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 0.00	DATE:		
c. State	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 7,493,200.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.	First Name: Steve	Middle Name		
Last Name: Protulis		Suffix		
b. Title: Executive Director		c. Telephone Number (give area code) 954-835-9200		
d. Signature of Authorized Representative		e. Date Signed 5/8/2006		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 23 May 2006	Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City Of California City		Organizational Unit: Department: Public Works		
Organizational DUNS: 13-9434984		Division: Sewer		
Address: Street: 21000 Hacienda Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Daniel		
City: California City		Middle Name James		
County: Kern		Last Name Allen		
State: California	Zip Code 93505	Suffix:		
Country: United States		Email: pwdir@ccis.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2408763		Phone Number (give area code) 760-373-7297		Fax Number (give area code) 760-373-7857
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water & Wastewater disposal loan & grant program 10-760		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of new sewer mains on Redwood between Neuralia and Hacienda Blvd. on Hacienda from Redwood to Southloop Blvd. on Great Circle from Neuralia to South Loop Blvd. and on South Loop from California City Blvd. to Conklin. These new collection lines are vital to relieving areas within the city that have a 86% saturation density.		
13. PROPOSED PROJECT Start Date: 1 February 2007 Ending Date: 30 November 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 21 b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 5,000,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 5,000,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 23 May 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name William Last Name Way b. Title City Manager c. Telephone Number (give area code) 760-373-7170 d. Signature of Authorized Representative e. Date Signed 5-23-06		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		